

URBAN DISTRICT OF GARFORTH

ANNUAL REPORT
1968

MEDICAL OFFICER OF HEALTH AND
CHIEF PUBLIC HEALTH INSPECTOR



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GARFORTH URBAN DISTRICT COUNCIL

Chairman of the Council:

Councillor P. Wall

Vice-Chairman :

Councillor F. Wright

Public Health Committee:

Chairman: Councillor F. Wright

Vice-Chairman: Councillor J. Lindley

Councillor C. H. Forster

Councillor Mrs. J. Hepher

Councillor J. Jewell

Councillor W. A. Shevde

Councillor W. Webster

Councillor P. T. White

Councillor W. White, J.P.

Councillor A. Wright

Medical Officer of Health:

W. Duncan Dolton

Chief Public Health Inspector:

R. A. Naylor

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ANNUAL REPORT
of the
DIVISIONAL MEDICAL OFFICER OF HEALTH
1968

To the Chairman and Councillors.

This, my third, Annual Report, again falls into two sections. In the first I comment on those health matters of particular interest to the Council administered by the West Riding County Council. The second part of the report is that of the Chief Public Health Inspector, and relates to the sanitary circumstances of the District.

During 1968 there were a number of changes in the administration of the personal health services. From the first day of the New Year, all children born within the area were recorded on a computer file at County Headquarters. Later in the year the computer began to send out to the parents invitations to have their child immunised, either by the Family Doctor or Local Health Authority. Later in the year the computer was also used to see that all children within the Division had their hearing tested at about 9 months of age.

A complete review was undertaken of the Child Welfare Clinics and Health Visitors' case loads. Following this a number of Clinics were closed and others were held less frequently. I hoped to be able to withdraw Doctors from these Clinics the Health Visitor undertaking immunisations and giving advice about the well babies. There is no question that sick children should be seen by the family doctors. In practice all Clinics have been visited, from time to time, by a Doctor, but many are now staffed most of the time by a Health Visitor and helper. These administrative re-arrangements were made on the grounds of efficiency rather than economy. Clinic Doctors should not duplicate the work of the family doctor, and towards the close of the year plans were being drawn up for Clinic Doctors to see children, by appointment only, for regular assessment of developmental progress — a plan in the best traditions of preventive medicine and a service not yet undertaken by most family doctors. The review of Health Visitors' work disclosed that most were responsible for populations in excess of 5,000 with between four to six hundred pre-school children, for which of course they are directly responsible. The Health Visitors' areas were adjusted and attachments to family doctor practices made whenever possible.

At the end of the previous year, routine school medical examinations had given place to selective examinations, while all children received a pre-school medical at about the age of

4½. These arrangements worked well during the year and allowed school nurses and doctors to concentrate, during visits to schools, on those children with special needs.

Health Education has been a priority topic during the year. Study Groups of Field Workers have met to discuss how best health education may be given to the school child, the expectant and new mother, and the aged. There is now a library of health education material — booklets, leaflets, articles, film strips, at the Garforth Health Centre — for use within the Division. Health Education continues, of course, to be a vital part of the Public Health Inspector's work in advising food traders, householders and the general public on general hygiene.

At the turn of the century Parliament expressed the concern of the public for the then under-privileged children of our nation by setting up the School Health Service. Only very recently has our attention turned to the unmet needs of the under 5's. Your Medical Officer feels that it is time that a service, similar to the School Health Service, was established for those past retiring age. While many school children and many at 70 years are fit, there are some who would, and do, benefit from a medical inspection. Simple defects of hearing and vision can be remedied and add much to the enjoyment of life. Some degenerative conditions can be arrested, or appliances, such as walking aids, provided to make life more tolerable. During 1968 two family doctors within the Division have held regular Clinics for retired folk within the Practice — one in a Local Authority Clinic and the other in the doctor's own surgery. Both have been a success, both in terms of patient satisfaction and the saving of the family doctor's time. I hope that this service will extend in the future.

In previous reports I have refrained from more than general comments on the environmental health of the urban and rural districts which make up the Division. I feel, however, that at this moment of time, when the future of the Medical Officer of Health is uncertain, and indeed, the need for the post debated, that I should place on record some of the environmental problems seen during 1968, without stating specifically which district was involved.

Even to-day the quality of both private and public water supplies leaves something to be desired. On my desk, as I write, are four consecutive water samples in which the type 1 B. Coli counts are 180+, 90, 160, 160 per 100 ml. These were private farm supplies which have long been known to be unsatisfactory from time to time. Unsatisfactory samples of public water supply from another district disclosed that birds had ready access to a water storage tank. The possibility of contamination, not only by bacteria, but pesticides and agricultural chemicals

from surrounding agricultural land, is cause for concern. Turning to the disposal of waste water, the situation is little more satisfactory. Many householders in several districts are periodically subjected to the unpleasantness of sewage discharged over their land. As sewers overfill with storm water, or carry a greater column than that for which they were designed many years ago, sewage backs up through manhole covers.

It is worthy of comment that while loan sanction has been granted for one large sewage improvement scheme to serve a rapidly expanding urban area, permission has not been granted for the installation of even the most primitive Sewage Works in some rural villages. As I write, some rural streams are nothing more than open sewers. While this may be of little hazard to health, it is unpleasant, and in one case wells for drinking water are situated not far from such a polluted beck.

Animal excreta can of course be as potentially hazardous as that from human beings. In one market town cattle trucks, bringing the animals to market, are hosed down on a hard standing by the public highway. On the days of the cattle market, animal waste products cover the pavement and highway and are transported on boots and shoes to nearby cafés and public houses. It is most gratifying to record that this situation will shortly cease, but even so one cannot be happy when one considers the close proximity of the cattle market to food shops and dwelling houses. The distance can present no barrier to flies and other insects capable of carrying animal diseases to the general population.

During the year dysentery, which one regrets to have to record is now endemic in the area, became epidemic on two occasions. The most impressive thing was how powerless we seem to be in the control of this all too common illness. Cases of food poisoning occur from time to time, but a full scale investigation of a meat processing factory within the area was undertaken during the summer, following the death of a Leeds resident from a salmonella stanley infection. Eleven other people were involved, all of whom had eaten the meat products of this factory. Investigation disclosed poor factory layout, with opportunities of contamination of unprocessed, uncooked and cooked products, and also poor personnel management, in that some of the staff had little appreciation of the necessity for clean food handling.

The importance of cleanliness in commercial food establishments cannot be over-stressed. During the year successful action was taken against one hotel management in respect of the appalling hygiene conditions in the kitchen. In general I continue to be astonished at the apparent public indifference and tolerance of poor standards of hygiene in the food retail trade, and indeed in the ordinary home.

The Division contains a number of potentially hazardous industries, perhaps that most frequently complained of by local residents being a Lead Works. By the very nature of the process unpleasant fumes are emitted, and a certain amount of lead is inevitably discharged into the atmosphere. Indeed, lead levels of over 20,000 parts per million are recoverable from the public highway near the Works. It is a matter of concern to the Medical Officer of Health that the responsibility for the individual health of workers is that of the appointed factory doctor, and that nobody is obliged to report cases of lead poisoning to the Medical Officer. From the point of view of the Chief Public Health Inspector the situation is equally unsatisfactory, as some aspects of factory control lie with the Alkali Inspectorate and others with the Factory Inspectorate. While no cases of lead poisoning are known to have occurred in the public, cases do occur from time to time among the workers.

While appreciating that the Districts are Housing Authorities but not Welfare Authorities, I have been dismayed, from time to time, by the eviction of unsatisfactory tenants. Plainly, even the "problem family" must live somewhere and eviction solves no problems in the long term.

I am pleased to record that, during the year under review, arrangements have been made with the Housing Managers with regard to seeking medical support for rehousing. For the first time there has been a system for a medical inspection and report. It must be stressed that when I do not support, on medical grounds, an application for housing, this does not prejudice the individual's chances and when his application is supported this is not intended, in any way, to force the Committee to allocate a council house. Relations with the Housing Department have been cordial and are becoming steadily closer, and an understanding of each other's problems steadily deeper.

Housing, of course, continues to exert a most profound influence, not only on the life of the individual, but on his happiness.

It is a pleasure to record a year of loyal and conscientious work from the many people who work in the Divisional Offices, in the District Health Departments, and perhaps most important of all, in people's own homes. The many changes have been suffered with good humour and enthusiasm. I thank too the Health Committee for its interested support and guidance during the year.

W. Duncan Dolton,
Medical Officer of Health.

Summer 1969.

TABLE 1
PRINCIPAL VITAL STATISTICS FOR THE YEAR 1968

	Garforth Urban District	Rothwell Urban District	Stanley Urban District	Tadcaster Rural District	Wetherby Rural District	Divisional Totals
Population (Mid-year 1968)	20,720	27,540	19,410	33,170	29,790	130,630
Live Births:						
Total	543	426	353	618	418	2,358
Legitimate	524	402	338	591	400	2,255
Illegitimate	19 (3.5%)	24 (6.8%)	15 (4.2%)	27 (4.4%)	18 (4.3%)	103 (4.4%)
Stillbirths	4	5	13	4	3	29
Deaths of Infants:						
Legitimate	11	7	5	9	6	38
Illegitimate	—	1	—	2	—	3
Under one week	8	5	3	5	4	25
Under four weeks	8	5	4	5	4	26
Total — under one year	11	8	5	11	6	41
Deaths (All causes)	183	401	181	351	247	1,363

CRUDE AND ADJUSTED RATES

Live Births	26.2	15.5	18.2	18.6	14.0	18.1
Live Births (Adjusted)	23.6	15.8	18.0	18.6	15.0	—
Illegitimate Births per 1000 live births	35.0	68.0	42.5	43.7	43.1	43.6
Deaths (All causes)	8.8	14.6	9.3	10.6	8.3	10.4
Deaths (Adjusted)	12.9	10.9	11.1	12.3	10.5	—
Maternal Mortality	—	2.32	—	—	—	0.42
Stillbirths	7.3	11.6	35.5	6.4	7.1	12.1
Perinatal Mortality	21.9	23.2	43.7	14.5	16.6	22.6
Neo-natal Mortality	14.7	11.7	11.3	8.1	9.6	11.0
Early Neo-Natal Mortality (under 1 week)	14.7	11.7	8.5	8.1	9.6	10.6
Infant Mortality:						
All infants per 1000 live births	20.3	18.8	14.2	17.8	14.4	17.4
Legitimate infants per 1000 legitimate live births	21.0	17.4	14.8	15.1	15.0	16.8
Illegitimate infants per 1000 illegitimate live births	0.0	41.7	0.0	74.0	0.0	29.1
Tuberculosis — respiratory	—	—	—	—	—	—
Tuberculosis — other	—	—	—	0.03	—	0.01
Tuberculosis all forms	—	—	—	0.03	—	0.01
Cancer (all forms)	1.74	2.25	1.49	2.11	1.88	1.94
Vascular lesions of the nervous system	0.97	3.59	1.18	1.30	1.31	1.71
Heart and Circulatory Disease	3.57	4.32	3.61	3.68	2.45	3.51
Respiratory	1.11	2.29	1.55	1.66	1.31	1.61
Comparability Factors:						
Births	0.90	1.02	0.99	1.00	1.07	—
Deaths	1.46	0.75	1.19	1.16	1.27	—

All the maternal mortality stillbirth and peri-natal mortality rates are per 1000 live and stillbirths.

Divisional Vital Statistics

The National Birth Rate continues to fall year by year, being 17.7 per thousand inhabitants in 1966, 17.2 in 1967 and 16.9 in the year under review. The Divisional Birth Rate, while higher than the National average, has fallen from 18.9 in 1967 to 18.1. Even when adjusted for the average age of the population, there are considerable differences between the five districts comprising the Division (See Table 1), ranging from a rate of 23.6 in Garforth to 15.0 in Wetherby.

TABLE 2
RECORD OF DEATHS IN AGE GROUPS 1968

	GARFORTH URBAN DISTRICT			ROTHWELL URBAN DISTRICT			STANLEY URBAN DISTRICT			TADCASTER RURAL DISTRICT			WETHERBY RURAL DISTRICT		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Under 1 year ..	6	5	11	6	2	8	2	3	5	8	3	11	2	4	6
1—4 years ..	-	-	-	1	-	1	-	-	-	2	-	2	1	1	2
5—14 years ..	-	1	1	1	2	3	-	1	1	1	-	1	2	-	2
15—24 years ..	2	-	2	4	-	4	2	-	2	2	2	4	2	-	2
25—34 years ..	-	-	-	3	1	4	3	3	6	2	-	2	2	3	5
35—44 years ..	2	1	3	7	6	13	4	3	7	9	7	16	4	1	5
45—54 years ..	6	5	11	15	5	20	4	5	9	15	8	23	12	11	23
55—64 years ..	22	11	33	34	21	55	13	15	28	35	22	57	25	12	37
65—74 years ..	36	21	57	55	55	110	34	18	52	64	40	104	34	29	63
75 and over ..	29	36	65	67	116	183	21	50	71	56	75	131	40	62	102
	103	80	183	193	208	401	83	98	181	194	157	351	124	123	247

The National Death Rate has been almost unchanged for many years. For 1968 it was 11.9 per 1,000 inhabitants, the Divisional Rate for the same year was 10.4. The high crude rate for Rothwell was almost certainly due to the excess of elderly folk who find their last home in St. George's Hospital, most of whom were previously resident outside the area. The adjusted rates of the five districts are all close to the National average.

The ages of death are shown in Table 2. The pattern calls for very little comment. The years between the first and thirty-fifth birthdays are now very safe for both males and females.

The causes of death are shown in Table 3.

TABLE 3
CAUSES OF DEATH, 1968

	GARFORTH URBAN DISTRICT		ROTHWELL URBAN DISTRICT		STANLEY URBAN DISTRICT		TADCASTER RURAL DISTRICT		WETHERBY RURAL DISTRICT	
			M	F	M	F	M	F	M	F
Enteritis and other diarrhoeal diseases ..	1	—	1	—	—	—	2	—	—	—
Other Tuberculosis, incl. late effects ..	—	—	—	—	—	—	1	—	—	—
Measles ..	—	1	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ..	—	—	2	—	—	—	—	1	—	2
Malignant Neoplasm:										
Stomach ..	1	1	5	1	1	1	4	4	—	3
Lung, bronchus ..	8	2	13	3	5	—	11	3	12	7
Breast ..	—	2	—	6	—	3	—	6	—	6
Uterus ..	—	2	—	1	—	—	—	2	—	2
Leukaemia ..	—	2	1	1	—	—	1	1	9	—
Other malignant neoplasms, etc. ..	8	10	18	13	7	12	22	16	18	10
Benign and unspecified neoplasms ..	—	—	1	1	—	—	—	—	—	—
Diabetes mellitus ..	—	1	—	—	—	—	1	2	—	—
Other endocrine etc., diseases ..	—	—	—	—	—	—	—	—	2	—
Anaemias ..	—	—	—	—	—	1	—	—	1	—
Other diseases of blood, etc. ..	—	—	—	—	—	—	—	2	—	—
Mental disorders ..	—	—	1	3	—	—	1	—	—	—
Other diseases of nervous system, etc. ..	1	—	4	—	1	3	9	1	1	1
Chronic rheumatic heart disease ..	3	1	2	1	1	3	1	—	—	2
Hypertensive disease ..	3	2	2	1	2	1	3	3	9	1
Ischaemic heart disease ..	28	15	40	34	25	19	58	33	29	25
Other forms of heart disease ..	5	5	9	17	3	10	7	9	1	3
Cerebrovascular disease ..	7	13	26	73	10	13	20	23	18	21
Other diseases of circulatory system ..	8	4	7	6	2	4	3	5	8	3
Influenza ..	1	—	—	1	—	—	—	1	—	—
Pneumonia ..	5	4	17	16	6	4	16	17	7	14
Bronchitis and emphysema ..	8	2	21	7	7	10	14	4	10	6
Asthma ..	—	1	—	—	—	—	—	1	—	—
Other diseases of respiratory system ..	1	1	—	1	2	1	1	1	—	2
Peptic ulcer ..	2	—	4	—	3	—	2	—	2	—
Appendicitis ..	—	1	—	—	—	1	—	—	—	1
Intestinal obstruction and hernia ..	—	—	—	1	—	—	—	—	—	—
Cirrhosis of the liver ..	1	1	—	1	—	—	—	—	—	—
Other diseases of the digestive system ..	—	3	1	6	—	1	9	2	—	—
Carried forward ..	91	74	175	194	75	87	174	137	110	109

TABLE 3—continued

CAUSES OF DEATH, 1968	GARFORTH URBAN DISTRICT		ROTHWELL URBAN DISTRICT		STANLEY URBAN DISTRICT		TADCASTER RURAL DISTRICT		WETHERBY RURAL DISTRICT	
	M	F	M	F	M	F	M	F	M	F
Brought forward ..	91	74	175	194	75	87	174	137	110	109
Nephritis and Nephrosis ..	1	—	—	1	—	—	1	1	2	—
Hyperplasia of prostate..	—	—	—	—	—	—	—	—	1	—
Other diseases, genito- urinary system ..	1	—	1	4	—	3	1	1	—	1
Other complications of pregnancy, etc. ..	—	—	—	1	—	—	—	—	—	—
Diseases of skin, sub- cutaneous tissue ..	—	—	—	1	—	—	—	—	—	—
Diseases of musculo- skeletal system ..	—	—	—	1	—	1	—	—	—	—
Congenital anomalies ..	1	2	2	1	—	3	3	2	1	2
Birth injury, difficult labour, etc. ..	1	—	1	1	1	—	1	1	—	2
Other causes of perinatal mortality ..	3	2	3	—	1	—	1	1	—	1
Symptoms and ill- defined conditions ..	—	—	—	—	—	2	1	4	—	2
Motor vehicle accidents ..	2	1	6	1	3	—	5	2	3	1
All other accidents ..	2	—	3	2	2	2	7	6	5	3
Suicide and self- inflicted injuries ..	1	—	1	—	1	—	—	2	2	1
All other external causes..	—	1	1	1	—	—	—	—	—	1
TOTALS ..	103	80	193	208	83	98	194	157	124	123

Of the 1,363 deaths in the Division 682 were due to diseases of the heart or circulatory system, 244 to various types of cancer and 210 to diseases of the respiratory tract. About half the deaths from heart disease were due to the now familiar "coronary." 244 were certified as due to cerebro-vascular disease, more commonly known as "a stroke." Each of these fatal but non-infectious diseases killed more people than all the diseases of the respiratory system put together. Indeed, such has been the decline in the importance of pneumonia (106 deaths in the year under review) that it ceased to be notifiable during the year.

Of the 244 deaths from cancer 64 were from cancer of the lung, this is an increase of 16 from 1967, equally divided between males and females. This, of course, means that proportionately there has been a great increase in deaths from lung cancer in women (7 in 1967, 15 in 1968). Epidemiologists have long since forecast an increase in deaths of women from this cause, following the widespread use of cigarettes in the Women's Armed Forces in the 1939-45 war.

While there were 7 deaths from cancer of the womb there were 23 from cancer of the breast. This emphasizes the need of self examination of the breast as a life saving measure. Cervical Cytology is, of course, available to detect early cancer of the neck of the womb. Since this service was offered to women in this Division in 1966, 8 have had the womb removed for malignancy. It would not be unfair to claim that this represents 8 lives saved.

There were 24 deaths from motor accidents during the year, an increase of 5 from 1967. Again, 8 people took their own lives during the year. Even the most optimistic would agree that life can become an intolerable burden at times. Sadly it seems that many folk in this position continue to suffer bravely and uncomplainingly to the end. Those who take their own lives are often, if not always, mentally disturbed. To them life may seem intolerable, while to the outsider there is still much to live for. These people need help. They must be encouraged to discuss their problems with a Mental Welfare Officer, or other skilled Worker, as soon as there is any hint of suicidal tendencies. Unfortunately it is not true that those who threaten suicide never take their own lives.

Table 4 shows that 41 children died in the first year of life — that is 17.4 per thousand live births. This is very close to the National Infant Mortality Rate of 18 per thousand (see Table 1). The causes of death of these children are shown in the table. Again the most common cause of death has been prematurity. Probably the only useful step we could take to reduce this waste of infant life would be for expectant mothers to rest from the 30th week of pregnancy until delivery. This, of course, does not necessarily mean giving up work. A housewife with young children may well find an office job more restful than her home.

TABLE 4
INFANT MORTALITY IN 1968
Deaths from stated causes under one year of age

Cause of Death	Under 1 week	Total under 1 month			Total under 1 year
		1-2 weeks	2-3 weeks	3-4 weeks	
1. Prematurity ..	14	-	-	-	14
2. Congenital Abnormalities					
(a) C.N.S. ..	1	-	-	-	1
(b) C.V.S. ..	1	-	1	-	2
(c) Other ..	3	-	-	-	3
3. Infection					
(a) Respiratory tract	-	-	-	-	3
(b) Alimentary tract	-	-	-	-	1
(c) Other ..	1	-	1	-	1
4. Haemorrhage ..	3	-	-	-	3
5. Asphyxia					
(a) Neonatorum ..	3	-	-	-	3
(b) Inhalation of vomit	-	-	-	-	1
	25	-	1	-	41
	26	8	4	2	1

Infectious Diseases

There were again very few deaths from infectious diseases during the year (Table 3). The notifications of infectious diseases are shown in Table 5. During the year there was a change in the notifiable diseases, Pneumonia becoming no longer notifiable and Infectious Hepatitis becoming notifiable for the first time. It is sad to relate that one of the reasons for making this latter disease notifiable was an attempt to control the illegal self-administration by injection of 'hard drugs.' I am happy to say that there is no suggestion that any of the cases of Infectious Hepatitis recorded in Table 5 were due to this cause.

TABLE 5
INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1968

DISEASE	U.D.	Total all ages		Total all ages		Total all ages		Under 1 year	1-4 years	5-14 years	15-45 years	46-64 years	Over 65 years	Age unknown	Cases admitted to hospital
		1966	1967	1966	1967	1968									
Scarlet Fever	GARFORTH U.D.	33	32	10	—	—	4	5	1	—	—	—	—	—	—
Pneumonia	GARFORTH U.D.	1	—	2	—	—	—	—	2	—	—	—	—	—	—
Meningococcal Infection	GARFORTH U.D.	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	GARFORTH U.D.	6	18	13	1	11	1	—	—	—	—	—	—	—	—
Erysipelas	GARFORTH U.D.	1	—	1	—	—	—	—	—	—	—	—	—	1	—
Measles	GARFORTH U.D.	158	102	54	3	33	18	—	—	—	—	—	—	—	—
Sonne Dysentery	GARFORTH U.D.	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	GARFORTH U.D.	—	1	3	—	2	1	—	—	—	—	—	—	—	—
Scarlet Fever	ROTHWELL U.D.	63	54	24	—	7	17	—	—	—	—	—	—	—	—
Pneumonia	ROTHWELL U.D.	7	19	14	1	1	—	2	3	7	—	—	—	—	—
Erysipelas	ROTHWELL U.D.	7	4	5	—	—	1	2	—	2	—	—	—	—	—
Whooping Cough	ROTHWELL U.D.	17	101	32	2	17	13	—	—	—	—	—	—	—	—
Measles	ROTHWELL U.D.	210	202	141	6	104	31	—	—	—	—	—	—	—	1
Sonne Dysentery	ROTHWELL U.D.	12	9	107	2	23	38	37	5	2	—	—	—	—	—
Food Poisoning	ROTHWELL U.D.	1	1	3	—	—	1	2	—	—	—	—	—	—	—
Puerperal Pyrexia	ROTHWELL U.D.	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Infective Hepatitis	ROTHWELL U.D.	—	—	9	—	1	2	6	—	—	—	—	—	—	—
Meningococcal Infection	ROTHWELL U.D.	—	—	3	—	—	3	—	—	—	—	—	—	—	3
Scarlet Fever	STANLEY U.D.	15	13	12	—	7	3	—	—	—	—	—	—	2	—
Meningococcal Infection	STANLEY U.D.	—	—	1	—	1	—	—	—	—	—	—	—	—	1
Erysipelas	STANLEY U.D.	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	STANLEY U.D.	2	24	1	—	1	—	—	—	—	—	—	—	—	—
Measles	STANLEY U.D.	91	114	99	5	65	29	—	—	—	—	—	—	—	—
Sonne Dysentery	STANLEY U.D.	—	—	8	1	2	1	3	1	—	—	—	—	—	1
Infective Hepatitis	STANLEY U.D.	—	—	5	—	—	4	1	—	—	—	—	—	—	—
Scarlet Fever	TADCASTER R.D.	40	27	7	—	4	3	—	—	—	—	—	—	—	—
Whooping Cough	TADCASTER R.D.	19	51	7	2	3	2	—	—	—	—	—	—	—	—
Measles	TADCASTER R.D.	200	447	129	7	73	48	—	—	—	—	—	—	—	1
Sonne Dysentery	TADCASTER R.D.	36	4	3	—	2	1	—	—	—	—	—	—	—	—
Pneumonia	TADCASTER R.D.	9	9	7	1	1	1	3	—	—	—	—	—	—	1
Erysipelas	TADCASTER R.D.	1	—	1	—	—	—	—	—	1	—	—	—	—	—
Infective Hepatitis	TADCASTER R.D.	—	—	15	—	2	7	4	1	1	—	—	—	—	—
Scarlet Fever	WETHERBY R.D.	29	17	16	—	2	14	—	—	—	—	—	—	—	—
Whooping Cough	WETHERBY R.D.	5	22	17	1	10	6	—	—	—	—	—	—	—	—
Measles	WETHERBY R.D.	196	420	395	14	225	156	—	—	—	—	—	—	—	—
Sonne Dysentery	WETHERBY R.D.	16	9	24	—	5	10	9	—	—	—	—	—	—	—
Pneumonia	WETHERBY R.D.	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	WETHERBY R.D.	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Infective Hepatitis	WETHERBY R.D.	—	—	1	—	1	—	—	—	—	—	—	—	—	—

It can be no source of pride that almost without fail industrial Yorkshire has the highest incidence of dysentery in the country. There can be no doubt that this is in large measure due to poor personal toilet hygiene.

In the Urban District of Rothwell there were 107 recorded cases, 83 of these occurred in the month of October in one sharp epidemic. Washing of the hands after visiting the toilet, and before preparing or eating food, is the only effective way of preventing the spread of this unpleasant, and sometimes dangerous, illness.

While there are only 6 recorded cases of food poisoning in the district it is sad to record that 1 death occurred in Leeds in a person who had consumed meat products prepared in a factory situated in this area (see preface).

Some common diseases of animals rarely infect human beings. During the year we had evidence of Anthrax and Brucellosis in cattle, Leptospirosis in rats and Psittacosis in birds. Fortunately there were no known cases of human Anthrax or Leptospirosis, but I suspect infection of bird breeders and handlers by Psittacosis and cattle men by Brucellosis is more common than many of them realise.

The figures for notification of Tuberculosis are recorded separately in Tables 6 and 7.

TABLE 6
TUBERCULOSIS — NEW CASES NOTIFIED DURING 1968

AGE	Garforth		Rothwell		Stanley		Tadcaster		Wetherby	
	U.D.	U.D.	U.D.	U.D.	U.D.	U.D.	R.D.	R.D.	R.D.	R.D.
10 - 14 years ..	M	F	M	F	M	F	M	F	M	F
	—	—	—	—	—	—	—	—	—	—
15 - 19 ..	—	—	—	—	—	—	—	—	—	—
20 - 24 ..	—	—	—	—	—	—	—	—	—	—
25 - 34 ..	—	I	—	—	2	—	—	—	—	—
35 - 44 ..	—	—	—	—	—	I	—	—	—	I
45 - 54 ..	—	—	—	—	I	I	—	—	—	—
55 - 64 ..	—	—	—	—	—	—	—	—	I	I
65 and over ..	I	—	—	—	—	—	—	—	—	I
TOTALS ..	I	I	—	—	3	4	—	—	I	2

There were 15 new cases of Pulmonary Tuberculosis during the year, compared with 19 in 1967.

TABLE 7

DISTRICT	PULMONARY		NON-PULMONARY	
	Males	Females	Males	Females
Garforth Urban District	19	18	1	4
Rothwell Urban District	52	28	12	2
Stanley Urban District	5	10	2	1
Tadcaster Rural District	30	19	4	5
Wetherby Rural District	13	16	5	5
	119	91	24	17

The number of cases on the register at the end of the year can be seen in Table 7.

Satisfactory as these figures are we should not become complacent about this disease. In one small village there were four cases on the register in 1963. The following year an inhabitant developed Tuberculous Meningitis. During the next year the village postman died of massive, previously undiagnosed, Pulmonary Tuberculosis. In the year previous to this report another inhabitant was found to have extensive Pulmonary Tuberculosis at postmortem, and yet another case was discovered in the village. In view of this the entire child population of the village was surveyed by the local Health Visitor.

Over 20% (48 of 238 children) of the children were Heaf positive. A Heaf survey of the area in 1966 had shown rather under 5% of children of this age group to be positive. 23 of the children had had B.C.G. as a routine measure and 14 as contacts of a case of Tuberculosis. One of the children had had Tuberculosis in infancy. Of the 9 other positive cases 5 had evidence of a tuberculous infection of the lungs. I am pleased to report that they are now in good health. Many thanks are due to the parents, from whom there was only one refusal, and to the Health Visitor who completed this valuable piece of work single-handed.

It is a sad commentary on human behaviour that nationally Gonorrhoea is now the second most common infectious disease, only exceeded by measles. There can be no doubt that within the next year or so when the effects of measles immunisation are felt, that the sexually transmitted diseases will, for the first time in the history of this island, be the most common infectious diseases. These diseases are not recorded in Table 5 because they are not notifiable. However, during the year 56 males and 24 females from the Rural Districts of the Division attending the special Venereal Disease Clinic, and 93 males and 99 females from the Urban Districts were found to have an infection.

My staff, who are in daily contact with our young people, have the impression that sexual experience in teenage is becoming ever more common. The latest reliable national figures are already some years out of date, but the Schofield Report covering over 1,800 teenagers, showed that by the age of 16, 14% of boys and 5% of girls had had sexual intercourse.

Personal Health Services

Care of Mothers and Young Children. It will be seen from Table 8 that there has been a welcome increase in the percentage of hospital deliveries during the year. However, within the Division there are marked differences between the districts. While 16% of Wetherby mothers have their children at home, 44% of those in Stanley still have home confinements. It is of course less important to ensure that all women are confined in hospital, than that all women who need hospital confinement receive it. I am pleased to record that the great majority of family doctors are now following the admission policies suggested by the Royal College of Obstetricians and the Ministry of Health. There are however, still a few unnecessary tragedies, one such during the year being a baby of a Rhesus Negative mother who was severely affected due to rhesus incompatibility. With closer co-operation between hospital, family doctor, Local Authority and mother, this could never have happened.

Domiciliary midwives continue to be very hard worked, in the Garforth area in particular, where 40% of the 543 births took place in the patient's home.

Health Visitors visited 10,025 children under the age of 5 during the year. Towards the end of the year some of them were already taking their own clinics and giving immunisation in them, without the attendance of a doctor. They have of course been responsible for certain screening tests (deaf testing and phenylketonuria) for some years. Plans for regular developmental screening by Health Visitors were completed during the year ready for operation on the 1st January, 1969.

Case Conferences continued to be a most useful method of liaison with other voluntary and statutory bodies concerned with the care of mothers and children. The Co-ordinating Committee was not called during the year but three extremely well attended luncheon groups, open to all working in this field, were held at Garforth Clinic. It is hoped they will continue in future years.

During the year there was continued expansion of play-groups, of which 27 were known to be in the Division at the end of the year. There were 6 registered child minders.

TABLE 8

	Domiciliary Deliveries		Hospital Deliveries		Percentage of Domiciliary Deliveries	
	1967	1968	1967	1968	1967	1968
Garforth Urban District	203	217	315	324	39.2	40.1
Rothwell Urban District	155	96	278	328	35.8	22.6
Stanley Urban District	199	153	197	192	51.2	44.3
Tadcaster Rural District	170	160	431	458	28.3	26.0
Wetherby Rural District	96	68	343	350	21.9	16.3
	823	694	1564	1652	34.5	29.6

Care of the School Child. Following a policy of totally selective medical examinations introduced in 1967, 3,655 pupils received full medical examinations, as compared with 5,034 in the previous year. It is felt that by selection of cases and reduction of the quantity of our service, we can improve its quality.

Of the 43,026 examinations undertaken by school nurses, 145 children were found to be infested. While this is a reduction of 259 from the previous year, examining staff have found isolated areas within the Division where infestation is common even among the pre-school children. This problem is by no means solved. Visual defects were found in 1,100 children, 582 of whom had spectacles prescribed. The hearing of 2,213 children was tested, of whom 58 were referred for further special tests. 37 children were known to be in school with hearing aids — 27 of these being at Bridge House School for the Deaf.

It is slowly being appreciated that emotional upsets can impede learning as much as physical or mental handicap. The team at the Child Guidance Clinic saw 173 children (an increase of 27) during the year.

Care of the Mentally Subnormal and Mentally Ill. The four Mental Welfare Officers and two Senior Mental Welfare Officers who work within the Division have continued to be fully occupied. Cases are mainly referred from hospitals, Consultant Psychiatrists and family doctors. There are a few self referrals and members of the public are urged to get in touch with these officers if they have serious doubts about their own mental stability or those of their friends. The eight suicides which took place during the year might have been saved if skilled help had been available. It should always be remembered that those who threaten suicide, often commit suicide, despite the widely held belief to the contrary.

Care of the Aged. While the home help and home nurse give help wherever it is needed, the great proportion of their time is spent in caring for the aged. Of the 67,331 home nurse visits (62,300 in 1967), 40,321 (39,377 in 1967), were paid to the aged. Our 263 home helps worked a total of 147,067 hours. Chiropody and pads for the incontinent were services which continued to be widely used and much appreciated.

Prevention of Disease

Health Education. The Health Visitors and Midwives have continued to give much Health Education. We have tried to emphasise in the Division that good ante-natal care is not solely preparation for confinement but preparation for parenthood. The former lasts hours only, the latter at least 20 years. Youth Clubs, Wives Groups, other local organisations and of course, schools, have received advice on many subjects. There has been a noticeable increase in interest in the problems of drug taking and sexual behaviour but the public does not seem to be greatly interested in food hygiene, nutrition or the dangers of smoking and obesity. The unnecessary and preventable dental caries experienced by the children in the Division has apparently been of even less concern to those who are in a position to take the important step of fluoridation of the public water on their behalf.

Vaccination and Immunisation. For many years we have been able to protect our children against polio, tetanus, diphtheria, whooping cough, smallpox and tuberculosis by these measures. During the year measles was added to this list as vaccine became available for priority groups. It is to be expected that measles will become uncommon within five years and if the campaign is pushed energetically, we can hope for total eradication within 10 years. The number of children immunised can be seen from Tables 9, 10 and 11. There has been a considerable drop in the number of primary immunisations undertaken during the year, but this has been due to a change in County policy in that immunisation is now started when the baby is six months of age and not three months as previously. The computer situated at County Headquarters, Wakefield, is now responsible for sending the invitations to parents for their child to receive immunisation, whether it be from the family doctor or the Local Authority Clinic. Only 755 children received smallpox vaccine during the year, compared with 2,028 in 1967. Whilst smallpox vaccination must continue to be of great importance in the general population around our sea and air ports and in centres of immigration, it is at least arguable whether we should continue to advocate this as a routine procedure to our parents.

VACCINATION AND IMMUNISATION

TABLE 9

Primary Immunisation Course	Children born in Year:—					Total
	1968	1967	1966	1965	Pre-1965	
Poliomyelitis	470	628	48	17	129	1292
Diphtheria	472	726	37	14	111	1360
Pertussis	472	724	33	13	17	1259
Tetanus	472	726	37	14	146	1395

TABLE 10

Re-inforcing Doses	Children born in Year:—					Total
	1968	1967	1966	1965	Pre-1965	
Poliomyelitis	—	228	424	47	2552	3251
Diphtheria	—	222	507	54	2506	3289
Pertussis	—	212	452	27	81	772
Tetanus	—	222	507	56	2531	3316

SMALLPOX VACCINATION

TABLE 11

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated during year)	
	Number Vaccinated	Number Re-vaccinated
0—3 months	2	—
3—6 „	6	—
6—9 „	3	—
9—12 „	8	—
1 year	509	—
2—4 years	186	6
5—14 „	41	36
TOTAL	755	42

Protection against T.B. is given by B.C.G. and 841 school-children were vaccinated during the year, in addition to 66 children who were contacts of known cases.

Early Detection of Disease. Whilst all are agreed that "a stitch in time saves nine," the application of this principle to the pre-symptomatic detection of disease has not been as easy as was at first hoped. Cervical Cytology has been much publicised to detect early cancer of the womb. There can be no doubt if this procedure was undertaken regularly for all women at risk, many lives would be saved. However, the efficiency in practice of this procedure is now in some doubt. It is imperative that the medical profession does not make promises to the public which it cannot fulfil.

Similarly your Medical Officer is not convinced of the wisdom of screening for phenylketonuria. Plainly any measure designed to reduce human suffering must be considered on humanitarian as well as cost benefit grounds. While it is arguable that a mass phenylketonuria screening programme may save the cost of a lifetime in an institution for the mentally defective, some parents whose children have phenylketonuria have been so upset at the necessity to stick to a strict and unpalatable diet, that the family unit has been seriously threatened by this medical interference.

During the year there was public interest in the possibility of determining the presence of certain congenital abnormalities in babies before birth. Examination of the "water" in which the baby lies in the uterus can disclose abnormalities of the foetal chromosomes. It has been suggested that mongols detected in this way might be aborted. Horrified as I am at present public attitudes to the legislation of murder of babies in utero, I am forced to the conclusion that for the sake of these very babies abortion might be the correct line of action in some cases. It is sad to record that rejection of these children, often by middle class parents, seems to be on the increase. It appears that parents do not realise that one in 40 children are born with a serious abnormality and that this is one of the responsibilities and risks one takes when embarking upon parenthood. If our parents continue to feel that they have the right to repudiate their offspring if they are not to their entire satisfaction, I will with sorrow join the ranks of those who advocate a freer use of abortion.

GARFORTH URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

PUBLIC HEALTH INSPECTOR

and

CLEANSING SUPERINTENDENT

FOR THE YEAR 1968

To the Chairman and Members of the Garforth Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I beg to submit my Annual Report on the work carried out by your Public Health Department.

HOUSING

During the year a further 4 houses were represented as being unfit for human habitation and Demolition Orders were made bringing the total dealt with in post war years to 463; 133 at Allerton Bywater, 98 at Garforth and 232 at Kippax. As mentioned in last year's report, approximately 1 out of every 6 privately owned pre-war houses has been dealt with by slum clearance, and it is gratifying to note that with the exception of one family all occupants have been rehoused.

There is now no problem in this area regarding slum clearance, but it may be necessary from time to time to deal with the odd individual house which is allowed to fall so far into a state of disrepair as to be incapable of being made fit for human habitation at reasonable cost. Statutory overcrowding also appears to be practically non-existent in this area, but in spite of this there appears to be a continued demand for council tenancies, and there has been an increase in the number of outstanding applications over last year.

During the year under review the Council completed 81 dwellings comprising 9 houses and 14 flats at Allerton Bywater and 58 old persons' flats at Kippax. This brings the total of Council owned dwellings to 2,022 (639 at Allerton Bywater, 711 at Garforth and 672 at Kippax). In the same period 388 houses were completed by private firms for sale but almost all these were purchased by families coming from outside the area.

As previously mentioned, in spite of this continued activity in housing development, there has been a marked increase in the number of outstanding applications for council tenancies during the year. At present the housing lists show that there are 683 outstanding applications against a corresponding figure of 655 last year, comprising, 174 at Allerton Bywater, 217 at Kippax, and 292 at Garforth. Whilst this figure appears to high, an examination of the housing lists reveals that quite a considerable number of the applicants are adequately housed, and the true genuine need for housing accommodation is far smaller than the figures imply.

Due, no doubt, to the very high standard of accommodation provided in this area for aged persons, the number of applications continues to increase and now stands at 287 compared with last year's figure of 275, comprising 57 at Allerton Bywater, 154 at Garforth and 76 at Kippax. One has only to visit the Council's development at Cross Hills Court to understand this increasing demand for accommodation as the standard provided here can only be described as excellent.

The following tables give details of slum clearance progress since 1947 :—

Year	Allerton Bywater	Garforth	Kippax
1947	4	—	4
1948	25	1	8
1949	1	—	16
1950	9	—	11
1951	7	—	19
1952	1	—	11
1953	9	28	15
1954	19	—	12
1955	7	—	20
1956	6	10	32
1957	28	12	5
1958	7	7	12
1959	—	1	9
1960	1	4	—
1961	—	2	9
1962	—	1	7
1963	—	—	14
1964	2	13	5
1965	3	2	1
1966	4	15	14
1967	—	—	6
1968	—	2	2
	133	98	232

	Allerton Bywater	Garforth	Kippax	Total
Number of Houses represented	133	98	232	463
Number of families rehoused	133	98	231	462
Number of persons rehoused	430	291	745	1466
Number of undertakings accepted to repair or not to use for human habitation	4	9	11	24
Number of families still to rehouse	—	—	1	1
Number of new houses erected	421	427	491	1339
Percentage of houses built allocated to slum clearance	31.6%	22.9%	47.0%	34.4%

SANITARY ACCOMODATION

Of the 7830 houses in the district only 13 are not provided with satisfactory water closets. The only houses not on the water carriage system are in very isolated parts of the area where the cost of providing a public sewer would far exceed the value of the property.

IMPROVEMENT OF HOUSES

During the year the Council continued to encourage owners to modernise properties with the assistance of grants and loans.

50 applications for standard grants were approved, and of these 37 were from owner occupiers and 13 from landlords of tenanted properties. In the same period 43 improvements to the full standard were completed, resulting in the provision of 34 baths, 40 wash hand basins, 43 internal W.C.'s and 10 food stores, and the amount of grant paid was £4,824. Even though the Council had to severely restrict the lending of money for mortgages they continued to give loans to cover that part of the work not covered by grant, and as a result many improvements were undertaken at the same time as providing standard amenities.

Since the commencement of Standard Grants a total of 743 applications have been approved, and of these 638 were from owner occupiers and 105 from owners of tenanted properties and at the end of the year 640 had been satisfactorily completed.

The following table gives details of sanitary improvements effected during the year.

Interior of Houses

Floors repaired or renewed	19
Walls and ceiling re-plastered	27
Dampness abated	25
New glazed sinks provided	18
Windows enlarged or repaired	59
Doors repaired or renewed	12
Cooking ranges repaired or renewed	18
Water supplies improved	51
Baths provided	34
Hot water supplies provided	41
Wash Hand Basins installed	40
Internal W.C.'s provided	43
Food stores improved	10

Exterior of Houses

Roofs repaired	42
Eavessgutters repaired or renewed	27
Walls pointed	15
Walls rendered	4
Boundary walls repaired	6
Chimney pots renewed	12

Drainage

Drains cleared from obstruction	272
Defective drains relaid	59
Inspection chambers provided	56
Soil pipes repaired	18
Septic tanks provided	1

Sanitary Accommodation

W.C. pedestals renewed	17
W.C. cisterns renewed	8
Additional W.C.'s provided	11
Privies converted to W.C.'s	2
Dustbins renewed	561

SANITARY INSPECTION OF AREA

Infectious Diseases Prevention

Inspections	12
Further enquiries	20
Disinfections	6
Scabies visits	2
Miscellaneous visits	19

Milk and Dairies

Inspection of Dairies	38
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Food and Drugs Inspection

Meat Inspections	30
Bakehouses	42
Food Inspections	26
Ice Cream Inspections	78
Water Sampling	4
Fish shop inspections	48

Housing

Houses inspected and recorded	114
General surveys	186
Public Health Act Inspections	302
Revisits	388
Council houses	49

Sanitary Matters

Inspection of Nuisances	148
Inspections of Verminous Premises	11
Inspection of new drains	161
Piggeries and Poultry establishments	60
Factories and Workshops	26
Smoke observations	18
Inspections re Refuse Collection and disposal	361
Inspections for Rat Infestations	635
Caravan Sites	38

WATER SUPPLY

All water in this area is supplied by Leeds Corporation and, generally speaking, a satisfactory supply of wholesome water was maintained throughout the year in most parts of the district.

Complaints regarding inadequate pressure were referred to the Leeds Water on one or two occasions. The main cause for complaint, however, was the de-zincification of certain types of water fittings, and a joint meeting was held with the adjacent district of Rothwell regarding this problem with a view to drawing the attention of the water undertaking to what could become a rather serious matter.

The following specimen chemical and bacteriological reports are samples of the water supplied during the year.

Chemical Analysis

	pts per million
Total Solids	210
Mineral Matter	190
Chlorine as Chlorides	32
Free Ammonia	0.14
Albuminoid Ammonia	0.10
Oxygen absorbed in 4 hrs. at 80°F.	0.46
Nitrous Nitrogen	0.014
Nitric Nitrogen	2.3
Total Hardness	78
Temporary Hardness	22
Permanent Hardness	56
Lead in Solution	Nil
Lead dissolved in 24 hrs.	Nil
pH Value	9.2
Colour — Hazen Units	5
Turbidity — Silica Scale	Nil
Free Chlorine — Actual Free	0.14
Total including chloramines	0.19
Iron as Fe	0.14
Manganese as Mn.	Nil

Bacteriological Examination

Total No. of Micro-organisms per ml. growing on Agar at 22°C. 3 days	12
Total No. of Micro-organisms per ml. growing on Agar at 37°C. 2 days	3
Presumptive B. Coli.	Nil per 100 ml.

SEWAGE DISPOSAL

During the year under review a further 469 houses were completed with a consequent overloading of the Owlwood Sewage Works. This resulted in the Council having, once again, to reluctantly attempt to delay planning approvals for more extensive developments, and one large firm of building contractors agreed, at their own expense, to install an Oxygest Sewage Disposal Plant to cope with their current programme.

However, it is very gratifying to report that during the year Ministerial approval and loan sanction were received to the Council's scheme for the alteration and extension of the Owlwood Sewage Works and the reconstruction of the sewerage system. At the time of writing this Report the actual work on the scheme has commenced and it is anticipated that when completed it will be capable of dealing with any foreseeable development for many years ahead.

FACTORIES AND WORKSHOPS

Parts 1 and 8 of the Act are administered by the Council. The following tables give details of action taken.

Factories Act 1961

Inspection for purposes of provisions as to Health
(Including Inspections made by the Public Health Inspector)

	No. on Register	No. of Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	23	—	—
2. Factories not included in in (1) in which Section 7 is enforced by the Local Authority	31	24	4	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises)	20	30	2	—
TOTAL	72	77	6	—

The above inspections revealed minor contraventions of the Act in 8 cases, and the attention of the owners was drawn to the fact. 3 cases of lack of intervening ventilated space to W.C.'s were referred to this department by the Factory Inspector.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

It is now certain that all the premises covered by the above Act have received one or more general inspections. No very serious contraventions of the provisions of the Act were recorded but many minor matters were brought to the notice of the occupiers and in most cases quickly remedied.

The most common defect found was inadequate lighting, but during the year much improvement was effected.

I would like to record my appreciation of the co-operation we have received from the West Riding Fire Prevention Officers who administer their provisions of the Act very efficiently but with sound common sense.

Only one accident was reported and on investigation found to be of very minor character requiring no further action. The following tables are extracts from the Annual Report submitted to the Ministry of Labour.

Class of premises	No. of Premises Registered during year	Total No. of Registered Premises at end of year	No. of General Inspections
Offices	1	27	12
Retail Shops	1	69	40
Wholesale Shops	2	5	3
Catering Establishments	2	14	9
Fuel Storage Depots	—	—	—
	6	115	64

Class of Workplace	No. of persons
Offices	451
Retail Shops	212
Wholesale Departments, warehouses	37
Catering establishments open to public	86
Canteens	7
Fuel Storage Depots	—
TOTAL	793
Total Males	431
Total Females	362

FOOD INSPECTION

No slaughtering takes place in this Urban District, all meat being purchased from wholesalers in Leeds and Castleford. Inspections have, however, been made of meat and other foods at shops in the area and set out below is a list of food condemned as being unfit for human consumption.

Beef (Home killed)	112 lbs.
Beef (imported)	88 lbs.
Mutton (imported)	140 lbs.
Pork (home killed)	25 lbs.
Bacon	84 lbs.
Ham	48 lbs.
Fish	150 lbs.
Soft Fruit	28 lbs.
Meat and Meat Products	68 tins
Mixed Fruit	28 tins
Frozen Eggs	112 lbs.

BAKEHOUSES

There are 6 bakehouses in the area and during the year 42 inspections were made, and it is very gratifying to report that every inspection revealed no cause for complaint.

ICE CREAM

There are no manufacturers of Ice Cream in the district but there are 76 registered retailers, an increase of 1 on last year. As in previous years the manufacturers of Ice Cream have insisted that retailers must register with this department before obtaining supplies and this has helped in maintaining adequate supervision.

PRESERVED FOODS

29 premises are registered for the preparation and sale of preserved foods and these have been regularly inspected during the year.

FOOD HYGIENE

There are 187 premises in the area subject to the Food Hygiene (General) Regulations 1960, an increase of 7 during the year. Frequent inspections are made and it is once again pleasing to report that, generally speaking, a very high standard of hygiene has been maintained. As in previous years, all plans of new shops and alterations to existing premises are submitted to this department for observations prior to approval.

Set out below is a list of food premises in the Urban District.

Fried Fish	16
Greengrocers	12
Butchers	19
Grocers	66
Sweets, etc.	20
Confectioners	16
Chemists	7
Canteens	8
Licensed Premises	23

Inspections carried out of the above premises show that in every case adequate provisions are made to comply with Regulation 16. 6 chemists and 2 sweet shops are exempt from Regulation 19 by virtue of the fact that no open food is sold, but all the other premises comply with the regulations.

MILK AND DAIRIES REGULATIONS

All milk retailers in this area obtain their supplies from large dairy combines in Leeds and Castleford. As in previous years, milk is processed and bottled at the premises of Associated Dairies Ltd., in Leeds and is delivered daily to their refrigerated store in Garforth from where local retailers collect their supplies. Only three complaints were received during the past year regarding cleanliness of bottles, and it is becoming increasingly apparent that the large milk processing plant operators are very hygiene conscious and willing to co-operate in every way to ensure that a clean and wholesome product reaches the customer.

PREVENTION OF DAMAGE BY PESTS ACT

All work under the above Act is carried out on contract by a firm specialising in this class of work.

The table below gives details of the work carried out during the year.

Sewers

There were no sewers infested by rats during the year.

CLEAN AIR ACT, 1956

There is no real problem in this area from industrial smoke or grit and industrialists have readily co-operated with the Council when installing new or altering existing boiler plants.

No progress has been made in the institution of Clean Air Zones but it is to be hoped that in the near future the Council will see fit to take steps to control the pollution from domestic sources.

CARAVAN SITES

Frequent inspections were made of the only caravan site in the area. This site is licensed for 75 caravans and apart from a few changes has been fully occupied throughout the year. Due, no doubt, to the fact that the proprietor lives on the site and maintains strict supervision, any cause for complaint is quickly dealt with.

PETROLEUM STORAGE

The number of installations licensed to store Petroleum Spirit was reduced during the past year, from 30 to 27 with a total storage capacity of 107,800 gallons.

The West Riding County Council Fire Service once again inspected all the premises prior to the renewal of licenses and the attention of the owners was drawn to any infringements of the conditions of licence.

REFUSE COLLECTION AND DISPOSAL

Extensive housing, shopping and industrial development has continued during the year with consequent repercussions on the work of the Cleansing Department. However, in face of this, it is gratifying to record that on the whole, apart from delays due to holidays, sickness and breakdowns, a very regular refuse collection service was maintained, due to a great extent, to the willing co-operation of the foreman and workmen who carried out their work cheerfully and loyally. Improvements in the type of collection vehicle used, in the shape of larger capacity compressing vehicles have played their part in keeping up with the extensive developments but these would have been of no avail without the splendid co-operation of the cleansing staff.

Another consequence of the rapid expansion of building is that tipping sites are being used up much more quickly than anticipated. This is further complicated by the fact that many areas of land which, in the past would have proved suitable for tipping purposes cannot now be considered due to the proximity of proposed housing development. During the year, however, sanction was obtained and planning permission granted for an area of land at Owlwood Sewage Works and tipping has commenced there, and the Council have agreed in principle to share facilities at the proposed refuse disposal plant to be built by Leeds Corporation at Cross Gates.

Due, no doubt to publicity given to the Civic Amenities Act, there has been a terrific increase from householders in the demands for the removal of bulky items of household refuse and discarded furniture. Whilst this put a heavy strain on the

refuse collection service and tends at times to disorganise regular routine collection, it is a duty that local authorities must face up to, and in any case is far better than having to deal with an increase in indiscriminate dumping.

Once again I must emphasize that if we hope to maintain a high standard of refuse collection it is imperative that we press ahead with the construction of a new depot for the garaging and maintenance of the Council's fleet of vehicles. A site for the depot has been selected and money allowed in the estimates so that it is hoped before long that a start can be made on this very essential scheme.

Finally I have to report that the introduction of British Standard Time with no consequent change in the starting times of the workmen has proved a failure as far as this Department is concerned, and it is intended that a recommendation will be made next year for a later starting time.

Salvage of saleable materials continued throughout the year and the following table gives details of the results.

Salvage sold during the period 1st January—31st December 1968

	Tns.	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste paper	51	2	3	0	332	7	10
Rags	8	14	2	4	109	1	7
Brass			2	14	7	16	3
Aluminium		8	1	24	40	4	11
Lead		11	1	7	12	18	11
	60	17	2	21	502	9	6

In conclusion may I once again record my appreciation of the help and consideration received from the Chairman and Members of the Council and particularly the Chairman of the Public Health Committee. I must also express my thanks to Dr. Dolton and other officials of the Council but once again I must emphasize that the success of this year's working has been due, to a great extent, to the loyal and conscientious work of your Additional Public Health Inspector, Mr. Cockerham.

I am, Mr. Chairman and Members,

Yours faithfully,

R. A. NAYLOR,
Public Health Inspector.

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W. H. MILNES (SUCCRS.) LTD.
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